



Evaluation Form

Evaluation of Doula Services

Your feedback helps me to be the best doula I can be!

Birth Person's Name: _____ Baby's Date of Birth _____
Hospital or Birth Location: _____ Doula's Name: _____

1. Were the techniques suggested by the doula helpful to the birthing person in handling the **physical** aspects of labor?

1 2 3 4 5

2. Were the techniques suggested by the doula helpful to the birthing person in handling the **emotional** aspects of labor?

1 2 3 4 5

3. Were the suggestions of the doula helpful for the partner/or other family members and friends present for the labor?

1 2 3 4 5

4. Overall, how would you evaluate the usefulness of having the doula present?

1 2 3 4 5

5. Do you have any other comments or suggestions?

What was your role?

___ Doctor ___ Midwife ___ Nurse ___ Other staff

___ Mother ___ Partner ___ Family ___ Friend

Your Name (optional): _____

If you have further comments or questions, feel free to contact me.
987 Hawthorne Ave E St. Paul MN 55106